STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 6/30/25 through 7/2/25, on-site visits were conducted at Caribou Rehab and Nursing Center for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification. It was determined that Caribou Rehab and Nursing Center was not in compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F0550		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0550 SS = D	Continued from page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: 2. On 6/30/25 at 12:21 p.m., during the lunch service, a surveyor observed a staff member standing while assisting a resident to eat. This observation was observed and confirmed with Activities staff at the time of observation. Based on observation and interviews, the facility failed to promote care for all residents in a manner that maintains each resident's dignity and respect during resident transportation on 1 of 3 days of survey (7/1/25) and during meal services on 1 of 3 days of service (6/30/25). Findings: 1.On 7/1/25 at 11:00 a.m. in the hallway near the conference room (Bears Den) a staff member was observed pulling a resident backwards in their wheelchair, causing this residents feet to drag on the floor. On 7/1/25 at 11:35 a.m., during an interview with the Assistant Director of Nursing, the surveyor confirmed that a staff member was pulling a resident backwards while in their wheelchair.	F0550		
F0554 SS = D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and record review,	F0554		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0554 SS = D	Continued from page 2 the facility's interdisciplinary team meeting (IDTM) group failed to determine if it was clinically appropriate for a resident to keep medications at bedside and self-administer a medicated powder topically for 1 of 1 Residents observed with a medicated powder at bedside (Resident #165 [R165]). Finding: Review of facility policy, "Pharmaceutical Services," reviewed on 8/21 stated, "there shall be no self-administration of medication unless the Interdisciplinary Team Meeting (IDTM) group decides that the resident is able to self-administer and store the drugs safely. Physician's order will be maintained." On 6/30/25 at 10:37 a.m., a surveyor observed a medicated antifungal foot powder (Desenex), on R165's nightstand. R165 stated that he/she applies this powder themself, as needed. On 6/30/25 at 11:04 a.m., during an interview with a surveyor, the Director of Nursing (DON) stated that she will contact the doctor about the use of the Desenex because R165 has an order for miconazole (antifungal) for a rash. The DON stated that there had not been an evaluation to self administer medication completed. On 7/1/25, documentation in R165's clinical record included a physician order that the resident could self administer the Desenex and keep at the bedside; the clinical record also included a note that Licensed Practical Nurse #1 (LPN1) evaluated R165 for safe application of the product but there was no evidence that the IDTM had yet determined if this was clinically appropriate.	F0554		
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be	F0578		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0578 SS = D	Continued from page 3 construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure a resident's right to formulate an advance directive regarding cardiopulmonary resuscitation (code status) was clear in the clinical record for 1 of 9 sampled residents reviewed for advanced directives (Resident #214 [R214]). Finding: On 7/1/25, R214's clinical electronic health record (EHR) and paper health record were reviewed. R214's electronic clinical assessment in the EHR states, "Code Status: FULLCODE", and the clinical paper health	F0578		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0578 SS = D	Continued from page 4 record, dated 6/23/25 "Discharge Summary (from hospital)" states, "DNR/DNI [do not resuscitate/do not intubate] in regard to [his/her] CODE STATUS". On 7/1/25 at 2:05 p.m. a surveyor and the Assistant Director of Nursing (ADON) reviewed R214's EHR and paper health record. The ADON stated that the code status in the EHR should read DNR/DNI, not full code. In an interview at this time with the ADON, a surveyor confirmed that the code status for R214, full code is not accurate on the EHR.	F0578		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility	F0657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0657 SS = D	Continued from page 5 failed to review, revise and update a care plan for a newly discovered pressure ulcer for 1 of 1 resident reviewed for pressure ulcer (Resident #19 [R19]). Finding: On 6/30/25, R19's clinical record was reviewed. Documentation indicated that R19 had a care plan with a revision date of 6/9/25 for alteration in skin. The care plan was not updated to address the new onset of a 3rd pressure ulcer as a stage III to the posterior of left foot. There was no evidence that the care plan was updated to reflect the new skin care needs. On 7/01/25 at 11:37 a.m., R19's care plan was reviewed with the Assistant Director of Nursing. The surveyor confirmed that the care plan does not reflect R19's current wound status and the care required for treatment.	F0657		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on record reviews and interview, the facility failed to follow physician orders for 1 of 3 residents reviewed for use of sliding scale insulin (Resident #49 [R49]). Finding: On 7/1/25, R49's clinical record was reviewed and included a physician order to administer insulin if finger stick blood sugars (FSBS) were at a certain result. The order for FIASP FlexTouch (insulin), dated 4/29/25, directed staff to inject subcutaneously as per sliding scale: 3 units for 200-250 (FSBS result) 6	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0684 SS = D	Continued from page 6 units for 251-300, 9 units for 301-350, 12 units for 351-400, 15 units for 401-450, and to call physician if over 451. R49's May Treatment Administration Record (TAR) indicated that on 5/22/25, R49's FSBS was 563. The TAR documentation indicated that R49 received 15 units of insulin. The clinical record lacked evidence of calling the physician and obtaining a physician order for insulin for a FSBS result greater than 451. R49's June TAR indicated that on 6/27/25, R49's FSBS was 288. The TAR documentation indicated that R49 received 3 units of insulin, instead of 6 units as ordered. On 7/1/25 at 12:10 p.m., during an interview with the Assistant Director of Nursing, a surveyor confirmed these findings.	F0684		
F0761 SS = E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0761 SS = E	Continued from page 7 This REQUIREMENT is NOT MET as evidenced by: 2. On 7/1/25 at 10:15 a.m., a surveyor observed a treatment cart in a resident hallway unattended. Multiple residents and other staff were observed passing by the cart. The cart was observed to be unlocked, and contained syringes, lancets, medicated creams, ointments, and powders. At 10:18 a.m., the Charge Nurse returned to the cart and stated she had been down to a resident's room, then went to get another resident a drink. The Charge Nurse stated that the cart does not have a lock. At this time the surveyor confirmed the cart contained medications and sharps and was left unlocked, unattended and easily accessible to residents. 3. On 7/2/25 at 7:51 a.m., a surveyor observed an unattended treatment care to be in a resident hallway with the drawers facing the wall. The treatment cart drawers contained syringes, lancets, medicated creams, ointments, and powders, secured by a swivel snap hook. At 8:00 a.m., the surveyor observed and confirmed with the Charge Nurse that the treatment cart contained medications and sharps and was not secured with a locking device. On 7/2/25 at 8:20 a.m., during an interview with the Director of Nursing (DON), ADON, and 2 surveyors, the treatment cart in the medication room was observed and confirmed to be secured with a swivel snap hook. The DON confirmed that the cart needs a lock to secure the drawers. At this time 2 surveyors confirmed the treatment cart was not secured with a locking device, and multiple residents are capable of accessing the contents when it is not stored in the medication room. Based on observations and interviews, the facility failed to ensure that medications and medical equipment were stored properly by having an unlocked, unattended medication cart on 1 of 3 days (A wing medication cart) (6/30/25), and a treatment cart on 2 of 3 days of survey (7/1/25, and 7/2/25) allowing residents and unauthorized people access to medications, and medication equipment. Findings: 1. On 6/30/25 at 11:11 a.m., during a surveyor	F0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0761 SS = E	Continued from page 8 observation of a medication administration pass, the Certified Nursing Assistant-Medications (CNA-M) left the A wing medication cart in the dining/activity area of the locked Special Care Unit for residents with advanced cognitive impairment. The cart was left unattended and unlocked while the CNA-M left the cart to give medications to Resident #31 (R31) who was sitting two tables away from the unlocked cart. There were several residents in the dining/activity area, and a surveyor observed R214 sitting in a wheelchair, self-propel himself/herself to the front of the unlocked medication cart, stop, and place his/her hand on the lock, and a drawer before moving away from the cart. On 6/30/25 at 11:12 a.m. in an interview with a surveyor regarding the unlocked and unattended medication cart, the CNA-M stated she was okay to not lock the cart because she always has the medication cart in sight when administering medications. The surveyor asked if she saw R214 attempt to open the medication cart, and she stated she did not, her back was turned away from the medication cart while she was administering medications to R31. On 6/30/25 at 11:30 a.m., in an interview with a surveyor, the CNA-M stated that she doesn't keep the A wing medication cart keys with her, she keeps them hooked to a nail in the medication storage room on B wing. A surveyor confirmed with the CNA-M and the Assistant Director of Nursing (ADON) that the medication cart was left unlocked and unattended.	F0761		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0812 SS = D	Continued from page 9 gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety by not storing food in a sanitary manner for 2 of 3 days of survey (6/30/25 and 7/2/25). Finding: On 6/30/25 at 9:03 a.m., during observation of the walk-in freezer, a surveyor and the Dietary Supervisor observed and confirmed the following: 1 container of Veggie Lasagna, open and exposed to the environment. 1 container of pasta with meat sauce, exposed to the environment, freezer burn observed. 1 pizza on a round cooking sheet plastic wrap partially peeled up and pizza crust exposed to the environment. 6 slices of raw meat sitting on a shelf and exposed to the environment. The Dietary Supervisor identified them as "Philly chicken". 1 package of cauliflower, open and undated. 1 package of breaded chicken patties, open and undated. 1 package of pre-cooked chicken cubed, open and undated.	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0812 SS = D	Continued from page 10 1 package of yellow beans, open and undated. 1 package of tater-tots, open and undated. 1 package of fish sticks, open and undated. On 7/2/25 at 7:48 a.m., a surveyor observed and confirmed with a Certified Nursing Assistant (CNA) in the dayroom refrigerator and available for use: 1 half gallon of milk with an expiration date of "July 01, 2025" 2 open quart size containers of prune juice, undated. 1 open quart size container of apple juice, undated. 1 open quart size container of orange juice, undated. 1 pint size container of raspberries, observed to be shriveled and moldy.	F0812		
F0880 SS = E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff,	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0880 SS = E	Continued from page 11 volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0880 SS = E	Continued from page 12 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on review of the facility's water management program and interview, the facility failed to fully develop/implement a water management program to prevent the growth and spread of legionella and other water-borne pathogens. Finding: On 7/2/25, a surveyor reviewed the facility's "Water Management Program to Reduce Legionella Growth and Spread in Buildings" policy that was last reviewed by the facility on 10/14/24 and photos of areas where Legionella could grow were updated as needed. The program lacked evidence of measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them. There was no evidence of testing protocols for control measures, including how and when this would be monitored, acceptable control limits, what interventions would be taken if control limits were found to be outside of range, and instances when water testing for legionella would be needed. On 7/2/25 at 11:04 a.m., during an interview with Maintenance, a surveyor confirmed this finding.	F0880		
F0883 SS = D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;	F0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0883 SS = D	Continued from page 13 (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on record reviews, Centers for Disease Control and Prevention (CDC) recommendations, and interviews, the facility failed to offer the updated Pneumococcal vaccination to 1 of 5 residents (Resident #24 [R24]).	F0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST , CARIBOU, Maine, 04736

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0883 SS = D	Continued from page 14 Finding: On 7/1/25, R24's clinical record was reviewed. The documentation in R24's clinical record indicated that R24 received the Pneumococcal Conjugate Vaccine (PCV) 13 in 2015 and the Pneumococcal Polysaccharide Vaccine (PPV) 23 in 2017. The CDC recommendation was based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. On 7/1/25 at 9:14 a.m., during an interview with a surveyor, the Assistant Director of Nursing stated there was no evidence of offering the PCV20 to R24. On 7/2/25 at 10:00 a.m., during an interview with a surveyor, the Director of Nursing/Infection Preventionist stated that they use the CDC recommendations for administering the pneumococcal vaccines.	F0883		